



AMERICAN COLLEGIATE HORSEMEN'S ASSOCIATION

Club Membership Form

\$35.00 per club if paid by November 1st

\$50.00 per club after November 1st

School: _____

Club Name: _____

Address: _____

National ACHA Officers from your club:

Local Club President Name & E-mail:

Local Club Treasurer Name & E-mail:

Local Club Advisor Name: _____

Local Club Advisor E-mail: _____

Send club and individual membership forms with checks payable

to *ACHA* to: Dr. Pam Mitcham
National ACHA Advisor
302 Bibb Street
Marion, AL 36756